



Epidemiologic Notes & Reports

Volume 33 Number 7

July 1998

NEW GUIDELINES FOR TREATMENT OF SEXUALLY TRANSMITTED DISEASES

The Centers for Disease Control and Prevention (CDC) has released a publication entitled *1998 Guidelines for Treatment of Sexually Transmitted Diseases*. Recommendations in the guidelines are a critical component of CDC's efforts to improve quality of care and reduce the severe health consequences of an estimated 12 million persons who contract sexually transmitted disease (STD) infections in the U.S. each year.

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The new guidelines include CDC recommendations for STD screening, diagnosis, and treatment and were developed by CDC staff in consultation with nationally recognized STD experts from public health, academia, medical research, and managed care organizations. After a careful review of the scientific literature and clinical practice, recommendations were developed for quality of care and outcomes of STD therapy: cure, relief of signs and symptoms, prevention of complications, and prevention of further transmission.

Advances since the last guidelines, published in 1993, include:

- Highly effective single-dose oral therapies for almost all common curable STDs;
- Improved treatments for herpes and human papilloma virus (HPV);
- A simple urine test making it much easier to diagnose and treat chlamydia in clinical and non-clinical settings;
- Recommendations to vaccinate all sexually active youth for hepatitis A and B; and
- Improved treatments for STDs in pregnancy to produce fewer side effects and to reduce the number of infants born prematurely.

The guidelines include diagnosis and treatment information for all common STDs, and are organized by syndrome -- STDs characterized by genital ulcers, by urethritis and cervicitis, and by vaginal discharge. They also include recommendations for STD prevention, as well as special considerations for women, adolescents and infants.

For copies of the *1998 Guidelines for Treatment of Sexually Transmitted Diseases* write to: Sexually Transmitted Disease Control Program, Division of Epidemiology & Health Planning, Mail Stop HS1C-C, 275 East Main Street, Frankfort, KY 40621-0001 or call 502-564-4804 or Fax 502-564-4553.

EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES

**New Grant
Awarded**

The Kentucky Department for Public Health, Division of Epidemiology and Health Planning has been awarded a new cooperative agreement by the National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention, to increase capacity for epidemiologic and laboratory surveillance of infectious diseases. The grant, in the amount of \$173,362, begins July 1, 1998. The NCID awards are designed to strengthen state activities related to identifying, investigating, and responding to notifiable diseases. The scope of problems addressed will include: food and water-borne illnesses; vaccine-preventable diseases; arboviral diseases; antimicrobial-resistant diseases; and, emerging or re-emerging infections. Funds will support an epidemiologist position in the Surveillance and Investigations Branch and a microbiologist in the Division of Laboratory Services.

New or enhanced work planned by the state laboratory include arbovirus surveillance in mosquito pools, human sera arbovirus detection, rabies variant identification, foodborne pathogen identification from food samples, and increased influenza isolate identification. An essential component will be staff education in conducting these enhanced functions. A

long-term goal of the project is appropriate electronic transfer of test results to the Kentucky Reportable Disease Registry.

New epidemiologic capacity will be directed toward making disease reporting easier, faster and more complete. Methods to enhance reporting include: a toll-free telephone line and 24-hour answering service; additional training and technical assistance for notifiable disease reporters from local health departments; and targeted, direct assistance to private medical providers. Long-term goals are for electronic reporting of notifiable diseases to the central registry in Frankfort and for summary data of both current and past reportable diseases to be published on the Department for Public Health's web page.

Effective public health surveillance encompasses all these components. Implementation will require developing expertise in new laboratory procedures, preparing new and current staff, and increasing reporting compliance by medical providers. Practitioners will be informed as new services and surveillance changes are developed. **For further information, contact Michael Auslander, DVM, MSPH, principal investigator, at mausland@mail.state.ky.us or 502-564-3418.**

**Upcoming
Satellite
Conference**



Southern Communities for Tobacco Free Youth

A day-long distance-learning experience is planned for leaders working with teens. The format includes presentations by nationally-known experts as well as information on state and local programs. Mark your calendars and plan to attend. Locations in your area are being arranged. For more information, call the Department for Public Health, Community Health Branch at 502-564-7996.

Date and Time:

**August 11, 1998
9:00 AM - 5:00 PM, EDT**

**Internet
Reminder**

Kentucky Epidemiologic Notes & Reports is now available through the Internet on the Cabinet for Health Services web page and will be posted in the PDF format. If you do not have Acrobat installed; you can download the viewer, Acrobat Reader, from the web site. Anyone with Internet access can download and print the publication.

Our address is: <http://cfc-chs.chr.state.ky.us/LHL1.htm>

Update**BLOODBORNE PATHOGENS EXPOSURE CONTROL COMPLIANCE PLAN**

The Department for Public Health has recently notified local health departments of a change in recommendations related to post-exposure prophylaxis for hepatitis B. Local health departments were also reminded to use the Occupational Safety and Health Administration (OSHA) specified language in any declination statement for employees who do not wish to receive hepatitis B vaccine. Both of these items should be incorporated **now** into all bloodborne pathogens exposure control compliance plans.

The Department's post-exposure prophylaxis recommendation for percutaneous or permucosal exposure to hepatitis B virus follows the guidelines published in the December 26, 1997 issue (Vol. 46/No. RR-18) of the *Morbidity and Mortality Weekly Report*. See Table 1.

Table 1. Recommended postexposure prophylaxis for percutaneous or permucosal exposure to hepatitis B virus, United States.

Vaccination and antibody response status of exposed person	Treatment when source is: HBsAg* positive	Treatment when source is: HBsAg negative	Treatment when source is: Not tested or status unknown
Unvaccinated	HBIG† x 1; initiate HB vaccine series#	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated : Known responder¶	No treatment	No treatment	No treatment
Previously vaccinated: Known non-responder¶	HBIG x 2 or HBIG x 1 and initiate revaccination	No treatment	If known high-risk source, treat as if source were HBsAg positive
Previously vaccinated: Antibody response unknown	Test exposed person for anti-HBs** 1 If adequate¶, no treatment 2 If inadequate¶, HBIG x1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1 If adequate¶, no treatment 2 If inadequate¶, initiate revaccination

* Hepatitis B surface antigen.

† Hepatitis B immune globulin; dose 0.06 mL/kg intramuscularly.

Hepatitis B vaccine.

¶ Responder is defined as a person with adequate levels of serum antibody to hepatitis B surface antigen (i.e., anti-HBs ≥ 10 mIU/mL); inadequate response to vaccination defined as serum anti-HBs < 10 mIU/mL.

** Antibody to hepatitis B surface antigen.

For a known responder (i.e. a person with adequate levels of serum antibody to hepatitis B surface antigen, ≥ 10 mIU/mL, following previous vaccination) there is **no treatment** indicated when the source is HBsAg positive.

The declination statement for receipt of hepatitis B vaccine required by the December 6, 1991 OSHA Federal Standard must not be altered. The OSHA language must remain intact. The mandatory wording follows:

“I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

For additional information, contact Karen M. Adams, RN, BSN, Nurse Consultant, Surveillance & Investigations Branch at e-mail address kadams@mail.state.ky.us or call her at 502-564-3418.

PHONE DIRECTORY**DIVISION OF EPIDEMIOLOGY & HEALTH PLANNING**

Normal Work Day - Monday-Friday - 8:00 AM - 4:30 PM (Eastern Time)

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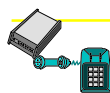
Kentucky Injury Prevention & Research Center (University of Kentucky) ----- 606-257-4954

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Childhood Injury Prevention ----- 606-257-6749

Occupational Injury----- 606-257-4955

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**AFTER HOURS - Reporting Emergency - Communicable Diseases****Answering Machine will pick up ----- 502-564-4679****AFTER HOURS - HIV/AIDS Reporting****Answering Machine will pick up ----- 502-564-6539**

KENTUCKY EPIDEMIOLOGIC NOTES & REPORTS

Printed With State Funds
by the
COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET

Kentucky Epidemiologic Notes and Reports, a monthly publication, is available without charge to subscribers. Although materials may be printed without permission, we appreciate acknowledgement. For more information call 502-564-3418.

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Update

Salmonella Group B Infections in Kentucky

As of June 17, 1998, the Department for Public Health has received reports of 5 Kentuckians infected with *Salmonella* serogroup B associated with eating toasted oats cereal. None of these have yet been directly identified as *Salmonella agona* infection, although that serotype was isolated from one of the food specimens. The Centers for Disease Control and Prevention has reported on multistate outbreaks and investigation by public health officials.* The Kentucky Department for Public Health urges routine submission of salmonella subcultures to the Division of Laboratory Services, 100 Sower Blvd., Frankfort, KY 40601 for serotyping, which can be of importance particularly in outbreak investigations.

*Multistate outbreak of *Salmonella* serotype *agona* infections linked to toasted oats cereal - United States, April-May, 1998; *MMWR* 1998;47:462-464.

Editorial Note.... Thanks to Joyce Bothe and Greetings to Barbara Sonnen

Joyce A. Bothe, Assistant Director, Division of Epidemiology and Health Planning has turned over her responsibilities for *Kentucky Epidemiologic Notes & Reports*. Ms. Bothe began her editorial duties in 1991. During 33 years of publication, previous editors include Joseph Skaggs, DVM, MPH, and Reginald Finger, MD, MPH.

The new editor is Barbara E. Sonnen, RN, MS, a nurse consultant in the Surveillance & Investigations Branch. Karen M. Adams, RN, BSN and Margaret Stapleton, MSPH will serve as proofreaders and Nancy Yates will continue as Managing Editor. You may contact Ms. Sonnen by e-mail at bsonnen@mail.state.ky.us or by phone at 502-564-3418.